

CAUSE NO. 25-cv-00337

AMERISURE INSURANCE COMPANY and AMERISURE
MUTUAL INSURANCE COMPANY,
Plaintiff,

VS.

ALVARO LEOS, SR., LANCE McCOOK, and LATOYA
McCOOK,
Defendant.

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IN THE UNITED STATES DISTRICT COURT

FOR THE WESTERN DISTRICT OF TEXAS

SAN ANTONIO DIVISION

AFFIDAVIT OF SERVICE

"The following came to hand on Apr 17, 2025, 9:04 am,

SUMMONS IN A CIVIL ACTION AND ORIGINAL COMPLAINT FOR DECLARATORY JUDGMENT WITH EXHIBITS A, B, C, D &
E AND CIVIL COVER SHEET,

and was executed at 13630 FOREST WALK, SAN ANTONIO, TX 78231 within the county of BEXAR at 07:50 PM on Thu,
Apr 17 2025, by delivering a true copy to the within-named

LANCE MCCOOK ACCEPTED BY MARGARET MCCOOK, RELATIONSHIP MOTHER, A PERSON OF
SUITABLE AGE AND DISCRETION WHO RESIDES AT THE ABOVE NAMED ADDRESS

in person, having first endorsed the date of delivery on same.

I am a person over eighteen (18) years of age and I am competent to make this affidavit. I am a resident of the State of Texas. I am familiar with the Texas Rules of Civil Procedure as they apply to service of Process. I am not a party to this suit nor related or affiliated with any herein, and have no interest in the outcome of the suit. I have never been convicted of a felony or of a misdemeanor involving moral turpitude. I have personal knowledge of the facts stated herein and they are true and correct."

Description of recipient:

Age: 70s; Ethnicity: African American; Gender: Female; Weight: 145; Height: 5'4"; Hair: Other; Eyes: Brown

My name is Carol L. Watson, my date of birth is 04/18/1955, and my address is 2939 Mossrock Lane Suite 280, San Antonio, TX 78230. I declare under penalty of perjury that the foregoing is true and correct.

Executed in BEXAR County, State of TX, on April 21, 2025.



Carol L. Watson

Certification Number: PSC-2139

Certification Expiration: 6/30/2026

Western District of Texas

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AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

**RETURN / AFFIDAVIT
PROOF / ATTACHED**